

## Application for EMS Operating Certificate

Current Expiration Date 01/ 25 / 2018

☐ Ambulance Service

☒ ALS First Response Service (non-transporting)

**Name of Service**

Erie County Emergency Services Division of EMS

Federal Employer ID No.

166002558

NYS EMS Agency Code

6257

Physical Address of Principal Business Location Street and Number  
3359 Broadway Street

City, Town, Village

Cheektowaga

State

NY

Zip Code

14227

County

Erie

Mailing Address (PO Box)

SAME

Business Phone Number

( 716 ) 681-6070

Fax Number

( 716 ) 681-5256

911 Center 10 Digit Phone Number

( 716 ) 898-3696

Agency E-mail Address

kenneth.peterson@erie.gov

Agency Website

erie.gov

**Organizational Structure** (check only one)

☐ Commercial

☐ Hospital Based

☐ Independent

☐ Industrial

☐ Fire Department

☒ Municipal/Government

☐ College (State or Private Campus/University)

**Type of Ownership**

☐ Individual

☐ Corporation (☐ for profit ☐ not for profit)

☐ Municipal Fire

☐ Ambulance District

☐ Partnership

☒ Municipal (☐ village ☐ town ☐ city ☒ county)

☐ Government (☐ State ☐ Federal)

**Name of Individual Owner, Partners or Government/Municipal entity**

Erie County Department of Health

If a corporation, give official corporate name. Also indicate all DBAs on file with NYS Department of State. Attach separate list if more than one DBA on file. (initial applications must provide certified copies of all DOS filings both corporation and DBA)

Corporation Name

DBA/Assumed Name

For Profit and Not for Profit Corporations must provide names/addresses of current corporation officers

| Name                        | Home Address | Home Phone       |
|-----------------------------|--------------|------------------|
| President Mark C. Poloncarz |              | ( 716 ) 858-5000 |
| Vice President              |              | ( ) -            |
| Secretary                   |              | ( ) -            |
| Treasurer                   |              | ( ) -            |

**Chief Operating Officer** (Captain, Operations Manager)

| Name                | Title        | Day Phone | Night Phone      |
|---------------------|--------------|-----------|------------------|
| Daniel Neaverth Jr. | Commissioner | ( ) -     | ( 716 ) 858-4909 |

**Tax District**

Is this organization funded by a tax district?

☐ Yes

☒ No

Name of District

**Name of Operator** (if different from owner)

Erie County Emergency Services Division of EMS

Business Phone

( 716 ) 681-6070

Address

3359 Broadway Street

City  
Cheektowaga

State  
NY

Zip  
14227

Highest Level of Care Currently Authorized by REMAC (check only one)

☐ EMT

☐ AEMT

☐ Critical Care

☒ Paramedic

Agency Participates in CME Program

☒ Yes

☐ No

**Billing for Service**

☐ Yes

☒ No

If yes, Name of Service Bureau

Service Bureau Number (if not agency)

Medicaid Number

Service Physician Medical Director (please list all others on separate sheet)

**Mchael O'Brien**

Address

42 Grider Street

Phone

( 716 ) 898-3600

NYS Physician License Number

284739

List the address of each location where any certified EMS response vehicle is garaged if not the same as your principal location.

Provide list if more than 3

Location 1

3359 Broadway Street Cheektowaga NY 14227

Number of vehicles assigned

3

Location 2

Number of vehicles assigned

Location 3

Number of vehicles assigned

Total Number of Vehicles operated by certificate holder

Ambulances \_\_\_\_\_ EASV's (ambulance service only) \_\_\_\_\_ First Response (ALSFR) 3

Description of operating territory boundaries etc.:

Primary Operating Area within the County of Erie, New York

Total Employees/Members: 2 Number Volunteer \_\_\_\_\_ Number Paid (on payroll) 2

Provide number of individuals currently certified at each level

CFR \_\_\_\_\_ EMT \_\_\_\_\_ AEMT \_\_\_\_\_ Critical Care \_\_\_\_\_ Paramedic 2

**Communications/Dispatch Information**

Principal Dispatch Method: ☒ Two-way ☐ Cellular Phone ☐ Pager ☐ Other

Frequency on which you are dispatched 424.375 MHz

Agency that dispatches your service MERS/ADI ☒ Local 911/PSAP ☐ Self

Identify radio systems for hospital calling/medical direction ☒ VHF ☒ UHF ☐ Cellular ☐ Other \_\_\_\_\_

UHF MED 1-8 capacity ☒ Yes ☐ No Do your vehicles have Cellular Phones ☐ Yes ☒ No

155.340 capability ☒ Yes ☐ No Call sign if service has FCC License WNKN751

- Attachments Required**
- Affirmation of Compliance (DOH-1881, Affirmation Side 1 MUST BE NOTARIZED)
  - List of all vehicle operated by the service (DOH-1881 Affirmation side 2)
  - List of all agency personnel -Use DOH-2828
  - List of all owners with 10% of more share of ownership
  - Map of current operating territory

**Agency Certification** I have received and read and understand the contents of the following documents and will comply with all requirements:

- Article 30/30A, NYS Public Health Law
- Part 800, 10NYCRR, State EMS Code
- Applicable DOH EMS Policy Statements and SEMAC Advisories

In addition, I certify that all the information contained in this application is true and correct, and that neither the corporation nor any of the owners, principals, or stockholders have been convicted of Medicaid or Medicare fraud, and I understand that under Section 3012(a) or PHL Article 30 that the ambulance service or ALSFR service certificate for this agency may be revoked, suspended, limited or annulled if this application includes willful misrepresentation.

Name of Owner, CEO or COO

Mark C. Poloncarz

Title

County Executive

Signature

*Mark C. Poloncarz*

Date

12/29/2017

Notary Public affirmation and acknowledgement

GREGORY M. GILL  
Notary Public State of New York  
Qualified in Erie County  
My Commission Expires \_\_\_\_\_  
*[Signature]*

**For DOH Use Only**

Date Application Received \_\_\_\_\_

New Expiration Date \_\_\_\_\_

BEMS review and approval \_\_\_\_\_

Date \_\_\_\_\_

## Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- ☒ New service (Sections A,B,C,D,F)  
☐ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)  
☐ Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- ☐ Ambulance  
☒ ALS First Responder

### Section 1: General Information

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

|  |                         |  |                                     |        |
|--|-------------------------|--|-------------------------------------|--------|
| Name of Service                                | DOH Agency Code         | Federal Employer Identification Number |                                     |        |
| Erie County Emergency Services Division of EMS | 6257                    | 166002558                              |                                     |        |
| Address  | City                    | State                                  | Zip                                 | County |
| 3359 Broadway Street                           | Cheektowaga             | NY                                     | 14227                               | Erie   |
| Contact Person                                 | Title                   |  |                                     |        |
| Kenneth M. Peterson                            | ALS Systems Coordinator |  |                                     |        |
| Business Phone<br>( 716 ) 681- 6070            | Home Phone<br>( ) - -   | Cell Phone<br>( ) - -                  | E-mail<br>kenneth.peterson@erie.gov |        |

Current Organizational Sponsor Type

- ☐ Proprietary ☐ Hospital Based ☐ Volunteer Independent ☐ Industrial  
☐ Volunteer Fire Department ☒ Municipal/Government ☐ Other

Type of Ownership

- ☐ Individual ☐ Partnership ☒ Government ☐ Corporation ☐ LLC

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Erie County Department of Health

### Section 2: Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

Primary Operating Area within the confines of the County of Erie.

For expansion list existing primary operating territory

### Section 3: Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

Erie County

Agent

Business Phone  
( 716 ) 681 - 6070

Types and Limits of Coverage

- ☐ General Liability ☒ Other Self Insured

**Section D Description of Proposed Services**

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

☐ EMT

☐ AEMT

☐ Critical Care

☒ Paramedic

Agency Medical Director

Address

City

State

Phone Number

Michael O'Brien

462 Grider Street

Buffalo

NY

( 716 ) 898 - 3600

Agency Providing Medical Control

Phone Number

Erie County Medical Center Corporation

( 716 ) 898 - 3600

System Medical Director

Address

City

State

Phone Number

Michael O'Brien

462 Grider Street

Buffalo

NY

( 716 ) 898 - 3600

Size of Population to be Served

Days of operation

Hours of operation

900,000

365

24

Projected Call Volume

Total

Emergency

Non-Emergency

Source of Statistics for Call volume

☐ PCR

☐ Dispatch Center

☒ Agency Call Record

☐ Other

Total no. of ambulances

Total no. of emergency ambulance service vehicles (EASV'S)

Total no. of ALS First Response vehicles

3

**Section E Proposed Organizational Structure**

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service

Federal Employer Identification Number

Erie County Emergency Services Division of EMS

166002558

Address

City

State

Zip

County

3359 Broadway Street

Cheektowaga

NY

14227

Erie

Contact Person

Title

Kenneth M. Peterson

ALS Systems Coordinator

Business Phone

Home Phone

Cell Phone

E-mail

( 716 ) 681 - 6070

( ) -

( 716 ) 270 - 3506

kenneth.peterson@erie.gov

Proposed Organizational Sponsor Type

☐ Proprietary

☐ Hospital Based

☐ Volunteer Independent

☐ Industrial

☐ Volunteer Fire Department

☒ Municipal/Government

☐ Other

Proposed Type of Ownership

☐ Individual

☐ Partnership

☒ Government

☐ Corporation

☐ LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Erie County Department of Health

**Section F Certification of Accuracy and Ownership Competency**

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required

- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO

Title

Mark C. Poloncarz

County Executive

Signature

Date

*Mark C. Poloncarz*

12/29/2017

Notary Public affirmation and acknowledgement

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received

Date of Council Decision

☐ Approved ☐ Denied ☐ Rejected - Incomplete

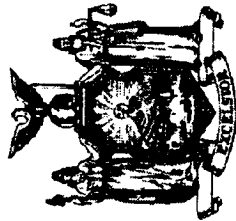
Council Chair Signature

Agency Code: 6257

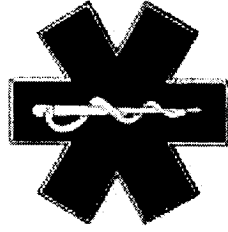
Date Issued: 3/4/2016

Expires: 1/25/2018

NEW YORK STATE  
DEPARTMENT OF HEALTH  
Emergency Medical Services



Erie County Emergency Services Division of EMS



IS CERTIFIED AS AN ADVANCED LIFE SUPPORT  
FIRST RESPONSE AGENCY IN ACCORDANCE WITH  
ARTICLE 30 OF THE PUBLIC HEALTH LAW

Authorized Territory: Erie County

A stylized, cursive signature in black ink, likely belonging to a representative of the Bureau of Emergency Medical Services.

Bureau of Emergency Medical Services

A cursive signature in black ink that reads "Howard Zucker M.D.".

Commissioner of Health

NEW YORK STATE DEPARTMENT OF HEALTH  
CONTROLLED SUBSTANCE LICENSE

LEGAL NAME OF OPERATOR

DOING BUSINESS AS DBA

ERIE COUNTY

ERIE COUNTY EMERGENCY SVC

350 HURONWAY STREET

CHESHAMINGUA NY 12211

CLASS BC

INSTITUTIONAL DISPENSER  
LIMITED (EMS)

SCHEDULE I

II III IV

HAS GIVEN SATISFACTORY EVIDENCE THAT ALL REQUIREMENTS AS REQUIRED BY ARTICLE 33 OF THE PUBLIC HEALTH  
LAW AND PART OF THE ADMINISTRATIVE RULES AND REGULATIONS HAVE BEEN MET AND IS HEREBY GRANTED A  
LICENSE TO ENGAGE IN CONTROLLED SUBSTANCE ACTIVITY IN THE STATE OF NEW YORK IN THE CLASSIFICATION  
STATED ABOVE

LICENSE # 9804679

EFFECTIVE NOV 10 2016

EXPIRES JAN 28 2018

*Howard Zucker M.D.*

HOWARD ZUCKER M.D. LTD.  
COMMISSIONER OF HEALTH

TO BE PERMANENTLY DISPLAYED AT THE LICENSED SITE

# New York State Department of Health

PFI: W407 Limited Service Laboratory Registration CLIA: 33D2116561

Erie County Emergency Services Div of EMS

3359 Broadway Street

Cheetowaga NY 14227

Director:  
Joseph A Bart, D.O.

Owner:  
Erie County Emergency Services

is hereby authorized to perform the following procedures in accordance  
with Article 5, Title V, Section 579 of the Public Health Law.

Calcium  
Creatinine  
Glucose

Hemoglobin  
Hematocrit

Potassium  
Sodium  
Triglycerides

Initial

Effective Date: August 3, 2016

Expiration Date: August 3, 2018

Single Site  
Certification Type: WAIVER  
Subject to Revocation  
Registration Not Transferable

POST CONSPICUOUSLY

Serial: LIM 15852



**Erie County Emergency Services Division of EMS**  
**Application for EMS Operating Certificate**



## **Background Information**

The Erie County Emergency Services Division of EMS has been an Advanced Life Support First Response agency (ALS-FR) agency since January 2016, when awarded its operating certificate. Erie County Emergency Services Division of EMS has provided clinical care and medical support services to citizens of the County of Erie, New York in a reliable and efficient manner. We would like to continue as an ALS-FR, providing a unique model of response and clinical care within the community to include but not limited to:

- Augment existing resources with an ALS-FR agency that has been able to meet and exceed the minimum requirement of the New York State Department of Health Bureau of EMS with both equipment and intervention capabilities (i.e. Ketamine, McGrath Video Laryngoscope, i-STAT).
- Continue to provide a vector for response of physicians to the scene to provide on-scene medical direction and clinical care.
- Provide medical support services for Special Operations and Special Events within the County of Erie, New York, without impact on the current 911 emergency medical response within the county.
- Development of partnership with Erie County Sheriff's Office in an effort to implement a Medical Response Unit (MRU) comprised of (19) Sheriff Deputies certified as Emergency Medical Technicians (EMT) to provide care in austere environments.

The Erie County Emergency Services Division of EMS will continue to train in conjunction with community partner in emergency services discipline (law enforcement, fire and EMS) to maintain the highest level of clinical care available in the industry.

## **Purpose**

The Erie County Emergency Services Division of EMS has been an Advanced Life Support First Response (ALS-FR) agency since January 2016, under the provisions of New York State Public Health Law Article 30, section 3008(7)a, a municipality, as defined by Article 1 of the General Municipal Law, may determine that a need exists to establish and continue as an ALS-FR. Within this time frame Erie County Emergency Services Division of EMS has provided clinical care and medical support services to citizens of the County of Erie, New York in a reliable and efficient manner. We would like to continue as an ALS-FR, providing a unique model of response and clinical care within the community to include, but not limited to:

- Augment existing resources with an ALS-FR agency that has been able to exceed the minimum requirement of the New State Department of Health Bureau of EMS with

equipment and intervention capabilities (i.e. Ketamine, McGrath Video Laryngoscope, i-STAT).

- Development of the Erie County Sheriff's Office Medical Response Unit (MRU) comprised of (19) Sheriff Deputies certified as Emergency Medical Technicians (EMT) to provide care in austere environments.
- Provide medical support services for Special Operations (Haz-Mat, Tactical, Technical Rescue) and Special Events (Buffalo Bills, Fire Academy Training) without impact on the current 911 emergency medical response within the County of Erie, New York.

### **Area of Service**

The Erie County Emergency Services Division of EMS is requesting an operating certificate for the entire County of Erie, New York. Currently there are NO municipal based Advanced Life Support First Response (ALS-FR) agencies within the County of Erie, New York.

### **Level of Care**

The Erie County Emergency Services Division of EMS will provide care at the EMT-Paramedic level as an Advanced Life Support First Response (ALS-FR) agency.

### **Hours of Operation**

The Erie County Emergency Services Division of EMS is able to respond twenty four hours a day, seven days a week and three hundred sixty five days a year.

### **Base of Operation**

The Erie County Emergency Services Division of EMS is located at 3359 Broadway Street Cheektowaga, NY 14227; this location also houses the Erie County Fire Training and Emergency Operations Center.

### **Personnel**

There is two New York State Certified Paramedics, in addition to nineteen EMT-Basics from the Erie County Sheriff's Office that augment Erie County Emergency Services Division of EMS during time of high call volume and low resource availability. The Paramedic providers operate on a 24-7-365 basis ALS-FR vehicles equipped to meet NYS DOH Part 800 regulations. In addition to one Sheriff utility vehicle that has been certified and is housed at Chestnut Ridge for immediate deployment by Sheriff SWAT team members.

### **Vehicle**

The Erie County Emergency Services Division of EMS will operate the following vehicles:

|                |             |                  |              |                          |               |  |
|----------------|-------------|------------------|--------------|--------------------------|---------------|--|
| <b>MC-8</b>    | <b>2015</b> | <b>Chevrolet</b> | <b>Tahoe</b> | <b>1GNSK3ECXFR511444</b> | <b>MC-8</b>   |  |
| <b>MC-10</b>   | <b>2015</b> | <b>Chevrolet</b> | <b>Tahoe</b> | <b>1GNSK3EC8FR511474</b> | <b>AU9114</b> |  |
| <b>ECSO-89</b> | <b>2012</b> | <b>Ford</b>      | <b>Van</b>   | <b>1FTSS3EL5CDB14130</b> | <b>89</b>     |  |

These vehicles have been and will continue to maintain supplies consistent with NYS DOH Part 800 regulations. As outlined above MC-8 and MC-10 are deployed throughout the County of Erie, New York during both normal and off business hours staffed and ready for deployment. ECSO-89 is housed at Chestnut Ridge for immediate deployment by Sheriff SWAT team members.

### **Response Times**

There is no historical data to support response time standards for Erie County Emergency Services Division of EMS, as the request for services is accomplished through existing agencies having jurisdiction needing augmentation of resources. The county has an area of 1,227 square miles, therefore dependent upon the location of an incident; time from dispatch to arrival of a Erie County Emergency Services Division of EMS Paramedic can be within minutes or up to forty five minutes. At this time, it is impossible to predict response times for the next twelve months based on the uncertainty of incident occurrence and location.

Most of Erie County Emergency Services Division of EMS operations are planned special operations (training, warrant execution and special events. This allows for a non-emergent response to the scene and ample time to plan the response and resources allocation.

### **Staffing**

The Paramedic personnel are on call 24-7-365 for all requests for services within the County of Erie, New York.

### **Call Volume**

Attached is a detailed list of calls taken January 1, 2017 to August 2017.

### **Medical Direction**

Medical Direction is provided under contract with UBMD with Dr. Michael O'Brien of ECMC. Erie County Emergency Services Division of EMS is the sole agency receiving the medical direction of Dr. Michael O'Brien; therefore no impact on the local medical control system is expected. In the event that on-line medical control is needed, providers will contact Dr. Michael O'Brien direct via cell phone.

## **Quality Assurance**

The Erie County Emergency Services Division of EMS provides internal QA on every patient contact following completion of the incident. The internal QA process ensures that all necessary data on the PCR is reviewed for completeness and protocol compliance. 100% of patient care charts are reviewed by our Medical Director for quality assurance and compliance with statewide protocols.

## **Mutual Aid**

The Erie County Emergency Services Division of EMS is an agency that will augment existing resources within the County of Erie, New York; in the event of a need for mutual aid all requested will be direct through ADI/MERS.

## **Effect on Existing Services**

The Erie County Emergency Services Division of EMS would be an asset to the existing EMS system, this based on our ability to augment existing EMS resources within the system. As an agency the Division of EMS is not charged with nor is it contracted to provide services within a specific jurisdiction within the County of Erie, New York. This allows for the Erie County Emergency Services Division of EMS to allocate resources upon request to any agency (Fire, Law Enforcement and EMS) that is in need of assistance.

## **Protocols**

The Erie County Emergency Services Division of EMS will follow the most current New York State BLS and ALS Protocols adopted by the WREMAC. It is understood that the ALS providers will administer only those medications or interventions which they have been trained in and credentialed to perform.

## **Communication**

The Erie County Emergency Services Division of EMS is dispatched on ADI/MERS frequency 424.375 MHz. Resources responding will operate on specific frequencies established by the agencies having jurisdiction upon request of the Division of EMS.

## **Transportation Agreements**

Due to the large operating area and the diversity of call locations, a solution for patient transportation is as follows: When Erie County Emergency Services Division of EMS is requested for an incident, ADI/MERS will confirm the allocation of transport capable EMS agencies on scene or dispatched. If the Erie County Emergency Services Division of EMS is on scene and requires transportation of patient(s), notification and request will be made via ADI/MERS to the appropriate agency having jurisdiction.

## Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Erie County Emergency Services Division of EMS

6257

Name of EMS Agency

NYS EMS Agency Code

New York State Department of Health

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Mark C. Poloncarz

County Executive

Full Name of Individual

Title

95 Franklin Street Buffalo, NY 14202

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

### REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

### Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Mark C. Poloncarz

Full Name

*Mark C. Poloncarz*

Signature

*August 21 2017*

Date

### Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Mark C. Poloncarz

Full Name

*Mark C. Poloncarz*

Signature

*August 21 2017*

Date

### Notary Public Affirmation and Acknowledgement

*Gregory M. Gull*

Notary Public Name

*[Signature]*

Signature

GREGORY M. GULL  
Notary Public State of New York  
Qualified in Erie County  
My Commission Expires 11/11/18

*8/21/17*

Date

Please affix Notary Public Stamp or equivalent.

## Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Erie County Emergency Services Division of EMS

6257

Name of EMS Agency

NYS EMS Agency Code

New York State Department of Health

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Daniel Neaverth Jr.

Commissioner

Full Name of Individual

Title

45 Elm Street Buffalo, NY 14203

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]):

YES NO

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Home or residence licensed by NYS or equivalent in any other state.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state. |

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

### REQUIRED ATTACHMENTS TO THIS AFFIRMATION:

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

## Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Daniel Neaverth Jr.

Full Name

Signature

Date

8/23/17

## Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Daniel Neaverth Jr.

Full Name

Signature

Date

8/23/17

## Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Date

GREGORY M. GILL  
Notary Public State of New York  
Qualified in Erie County  
My Commission Expires 4/16/18

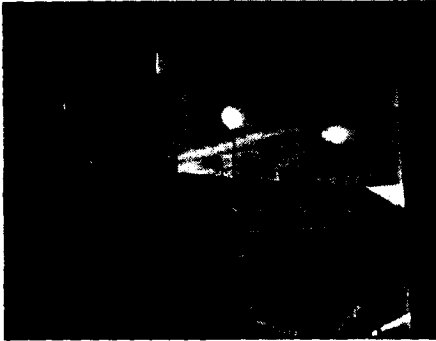
8/23/17

Please affix Notary Public Stamp or equivalent.



# DANIEL NEAVERTH

Commissioner of  
Emergency Services Erie  
County, NY.



Dan has served in public safety for over twenty-five years, 14 of which have been in the field of Emergency Management. Currently serving as the Commissioner of Emergency Services for the second largest County in New York State he oversees the Divisions of Fire Safety, Emergency Medical Services and Disaster Preparedness.

Team Leader facilitating creation, implementation and training of Western District Emergency Management Assistance Team (EMAT) for mutual aid deployments to the ten Counties in Western New York.

## KEY RELEVANT AREAS OF EXPERTISE

- Strategic National Stockpile
- NIMS/Incident Command System
- Emergency Operations Center Operations
- Interagency Coordination
- Public Information

## EDUCATION

- University of Dayton – Dayton  
BA Communications: Minors in  
Political Science and Marketing  
including United Nations  
(UNESCO), and British  
Broadcasting Corporation (BBC)

During his tenure Dan has been an active planner, participant and responder for numerous County, Regional and Statewide exercises, trainings and responses.

**2014** November Surprise, Unified Command of Federally Declared Disaster involving more than 7 feet of snow.

**2012** Super Storm Sandy, team leader of Western District Incident Management Team.

**2009** Crash of Flight 3407, as Deputy Commissioner of EMS, coordinated mass fatality and recovery efforts.

**2009** “Vigilant Guard” Full-Scale Earthquake Exercise Sim-Cell operation in conjunction with NYS Emergency Management Office and NY National Guard involving 4,000 participants.

**2008** Hepatitis A Mass vaccination, Incident Commander/Planning Section Chief for walk-up vaccination Point-of-Dispensing (POD) of 10,000+ citizens in 5-days due to potential Hepatitis-A exposure.

Actively involved in first response community, Dan is a member of numerous committees and work groups, including Co-Chair of the Buffalo, Erie, Niagara Urban Area Security Initiative, and Co-Chair of the International Joint Commission, Strategic National Stockpile planning group, US Postal Service Biological Detection System (BDS) Workgroup and Executive Committee member for Area Maritime Port Security Workgroup.

Dan is an adjunct instructor for the NYS Division of Homeland Security and Emergency Services – Albany NY

Instructor – Incident Command (ICS-100-ICS-400; IS-700; IS-800),

Public Information Officer (PIO),  
Professional Development Series, Volunteer Resource Management

A strong believer in ongoing training, he has attended numerous Department of Homeland Security courses including;  
Enhanced Incident Management/Advanced Unified Incident Command – (TEEX)  
Incident Response to Terrorist Bombing Course (FEMA)  
Incident Response to Suspected WMD Cargo Course – Performance Level (FEMA)  
Integrated Emergency Management Course – IEMC All Hazards (FEMA)  
Using Computer Aided Management of Emergency Operations (CAMEO) in WMD – (LSU)  
WMD Standardized Awareness Course – Train the Trainer – AWR-160-1 (LSU)  
WMD Technical Emergency Response Course – Anniston Alabama  
WMD Tactical Operations Performance Level – (LSU)  
Strategic National Stockpile Asset Management – (CDC) Atlanta  
Integrated Response to Suspected WMD Cargo Performance Level – (LSU)  
Prevention and Response to Suicide Bombing Incidents – New Mexico Tech  
Emergency Response to Domestic Biological Incidents Operations Level – (LSU)  
EMS Operations & Planning for Weapons of Mass Destruction – (TEEX)  
Public Safety WMD Response Sampling and Guidelines Performance Level – (LSU)  
Enhanced Threat & Risk Assessment – Office of Domestic Preparedness – (TEEX)  
Emergency Management Professional Development Series – (FEMA)  
Radiological Terrorism - Electrical Power Infrastructure Protection (FEMA)

## **SELECT PROFESSIONAL EXPERIENCE**

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**2012-Present Erie County Department of Emergency Services – Commissioner**

Oversees the three divisions of Emergency Services

Develops and coordinates investment justifications for public safety and public health sectors of the Urban Area Security Initiative (UASI) and State Homeland Security grant programs awarded to Buffalo/Erie/Niagara region including Chemical/Biological/Radiological/Nuclear/Explosive (CBRNE) preparedness elements.

**2009-2011 Erie County Department of Emergency Services – Div. of Emergency Medical Services**

**Deputy Commissioner**

Lead division operations for emergency medical services branch coordinating training and Response of 5,000+ first responders.

**2011-2012 Orchard Park EMS Inc. – Vice President of Operations**

Oversee day-to-day operations and budgets.

Manage Federal and State regulatory compliance.

Develop mutual aid agreements with surrounding jurisdictions and agencies.

Maintain response readiness with an average annual call volume of 3,000 EMS runs.

**2006-2011 Erie County Department of Emergency Services Regional Strategic National Stockpile (SNS) Coordinator**

Developed, implemented and exercised the regional SNS plan for the ten surrounding Counties in Western New York.

**2011-Present NFL Buffalo Bills Football – Game Day Operations and Emergency Management Consultant**

Game day management of Ralph Wilson Stadium Control

Coordination of Emergency Management, EMS, Radiological Response Team and Hazardous Materials Team. Liaison to Windom Fire Company and Orchard Park Fire District.

Buffalo Bills training facilitator.

**1990-Present Orchard Park Fire District – Orchard Park NY**

Department Chief 2012-Present

District Chief – 2007-2012

Lead 150 volunteer firefighter/EMTs who respond to 3,000 emergencies per year

Managed \$1.5 million dollar operating budget including apparatus and small equipment purchases

Oversaw four (4) fire stations and fifteen (15) pieces of fire and EMS apparatus

Team Leader – Rapid Intervention Team and Ice Rescue Team

Responded to Ground Zero following September 11, 2001 attacks as part of EMS mutual aid deployment

## Medical Director Verification

### Notice to Service

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

### Check all special regional approvals and the single highest level of care applicable to your agency

- |  |   |  |  |  |
|--|---|--|--|--|
| <input checked="" type="checkbox"/> Defibrillation / PAD<br>(BLS Level Services) | <input checked="" type="checkbox"/> Epi Pen<br>(Epi / Albuterol / Blood Glucometry per regional protocol) | <input checked="" type="checkbox"/> Albuterol  | <input checked="" type="checkbox"/> Blood Glucometry                               | <input checked="" type="checkbox"/> Naloxone |
| <input checked="" type="checkbox"/> Paramedic<br>Level of Care                   | <input type="checkbox"/> Critical Care<br>Level of Care   | <input type="checkbox"/> AEMT<br>Level of Care | <input checked="" type="checkbox"/> Controlled Substances<br>(BNE License on file) |  |

### EMS Agency (Please Type or Print Legibly)

Agency Name Erie County Emergency Division of EMS

Agency Code Number 6257

Agency Type ☐ Ambulance ☒ ALSFR ☐ BLSFR

Agency CEO Mark C. Poloncarz

Medical Director Michael O'Brien

Name

284739

NYS Physician's License Number

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – 0679

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: 1/25/2018

### Medical Director Affirmation of Compliance

*I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.*

*I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.*

*If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.*

Medical Director

  
Signature

9/1/17  
Date of Signature

**A RESOLUTION SUBMITTED BY  
HEALTH DEPARTMENT**

**RE: Re-authorization of S.M.A.R.T and approval of application for ALS-FR Service**

**WHEREAS, the physicians and other advanced emergency medical provider members of Specialized Medical Assistance response Team (S.M.A.R.T) have responded to actual and potential disaster situations including medical emergencies throughout Erie County; and**

**WHEREAS, S.M.A.R.T. operates under the authority of the Erie County Department of Health and is coordinated by the Department of Emergency Medicine and the Erie County Medical Center; and**

**WHEREAS, New York State Health Department certified Basic and Advanced Emergency Medical Technicians compose an integral part of S.M.A.R.T.; and**

**WHEREAS, in order to fulfill its mission and maintain the scope of practice of its New York State Health Department certified Basic and Advanced Emergency Medical Technicians, it is necessary for S.M.A.R.T to function as a New York State Advanced Life Support Fire Response Service; and**

**WHEREAS, potential and sudden marketplace changes and/or other events in the sometimes tenuous local and national ambulance industry could result in a public health emergency such that Erie County might have the need to emergently develop ambulance transport capability or, more likely, contract for such services from commercial vendors to service the citizens of Erie County.**

**NOW, THEREFORE BE IT**

**RESOLVED, that Erie County shall apply for a Municipal Certificate of Need for an ALS-FR service covering all of Erie County as prescribed in New York State Public Health Law Article 30, section 3008; and be it further**

**RESOLVED, that Erie County may apply for a Municipal Certificate of Need for an ambulance service covering all of Erie County as prescribed in New York State Public Health Law Article 30, section 3008, in the event that sudden marketplace changes and/or other events result in inadequate ambulance service necessary to protect the health and well-being of the citizens of Erie County thus jeopardizing the public's health; and be it further**

**RESOLVED, that the Erie County Legislature shall establish Erie County Department of Health EMS Division as a New York State Certified Advanced Life Support First Response unit; and be it further**

**RESOLVED**, that certified copies of this resolution be forwarded to the County Executive's Office, the Department of Emergency Services, the Erie County Medical Center Emergency Department, the Office of the Comptroller, the Division of Budget and Management, the Department of Law, the New York State Department of Health, the New York State Emergency Medical Services Council, and to Dr. Gale Burstein Commissioner, in the Department of Health.

# STATE OF NEW YORK

## LEGISLATURE OF ERIE COUNTY CLERK'S OFFICE

**BUFFALO, N.Y., JANUARY 21, 2016**

TO WHOM IT MAY CONCERN:

**I HEREBY CERTIFY**, That at the 2nd Session of the Legislature of Erie County, held in the Legislative Chambers, in the City of Buffalo, on the twenty-first day of January, 2016 A.D., a Resolution was adopted, of which the following is a true copy:

WHEREAS, the physicians and other advanced emergency medical provider members of Specialized Medical Assistance response Team (S.M.A.R.T) have responded to actual and potential disaster situations including medical emergencies throughout Erie County; and

WHEREAS, S.M.A.R.T. operates under the authority of the Erie County Department of Health and is coordinated by the Department of Emergency Medicine and the Erie County Medical Center; and

WHEREAS, New York State Health Department certified Basic and Advanced Emergency Medical Technicians compose an integral part of S.M.A.R.T.; and

WHEREAS, in order to fulfill its mission and maintain the scope of practice of its New York State Health Department certified Basic and Advanced Emergency Medical Technicians, it is necessary for S.M.A.R.T to function as a New York State Advanced Life Support Fire Response Service; and

WHEREAS, potential and sudden marketplace changes and/or other events in the sometimes tenuous local and national ambulance industry could result in a public health emergency such that Erie County might have the need to emergently develop ambulance transport capability or, more likely, contract for such services from commercial vendors to service the citizens of Erie County.

NOW, THEREFORE BE IT

RESOLVED, that Erie County shall apply for a Municipal Certificate of Need for an ALS-FR service covering all of Erie County as prescribed in New York State Public Health Law Article 30, section 3008; and be it further

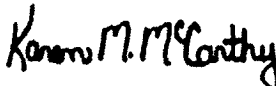
RESOLVED, that Erie County may apply for a Municipal Certificate of Need for an ambulance service covering all of Erie County as prescribed in New York State Public Health Law Article 30, section 3008, in the event that sudden marketplace changes and/or other events result in inadequate ambulance service necessary to protect the health and well-being of the citizens of Erie County thus jeopardizing the public's health; and be it further

RESOLVED, that the Erie County Legislature shall establish Erie County Department of Health EMS Division as a New York State Certified Advanced Life Support First Response unit; and be it further

RESOLVED, that certified copies of this resolution be forwarded to the County Executive's Office, the Department of Emergency Services, the Erie County Medical Center Emergency Department, the Office of the Comptroller, the Division of Budget and Management, the Department of Law, the New York State Department of Health, the New York State Emergency Medical Services Council, and to Dr. Gale Burstein Commissioner, in the Department of Health.

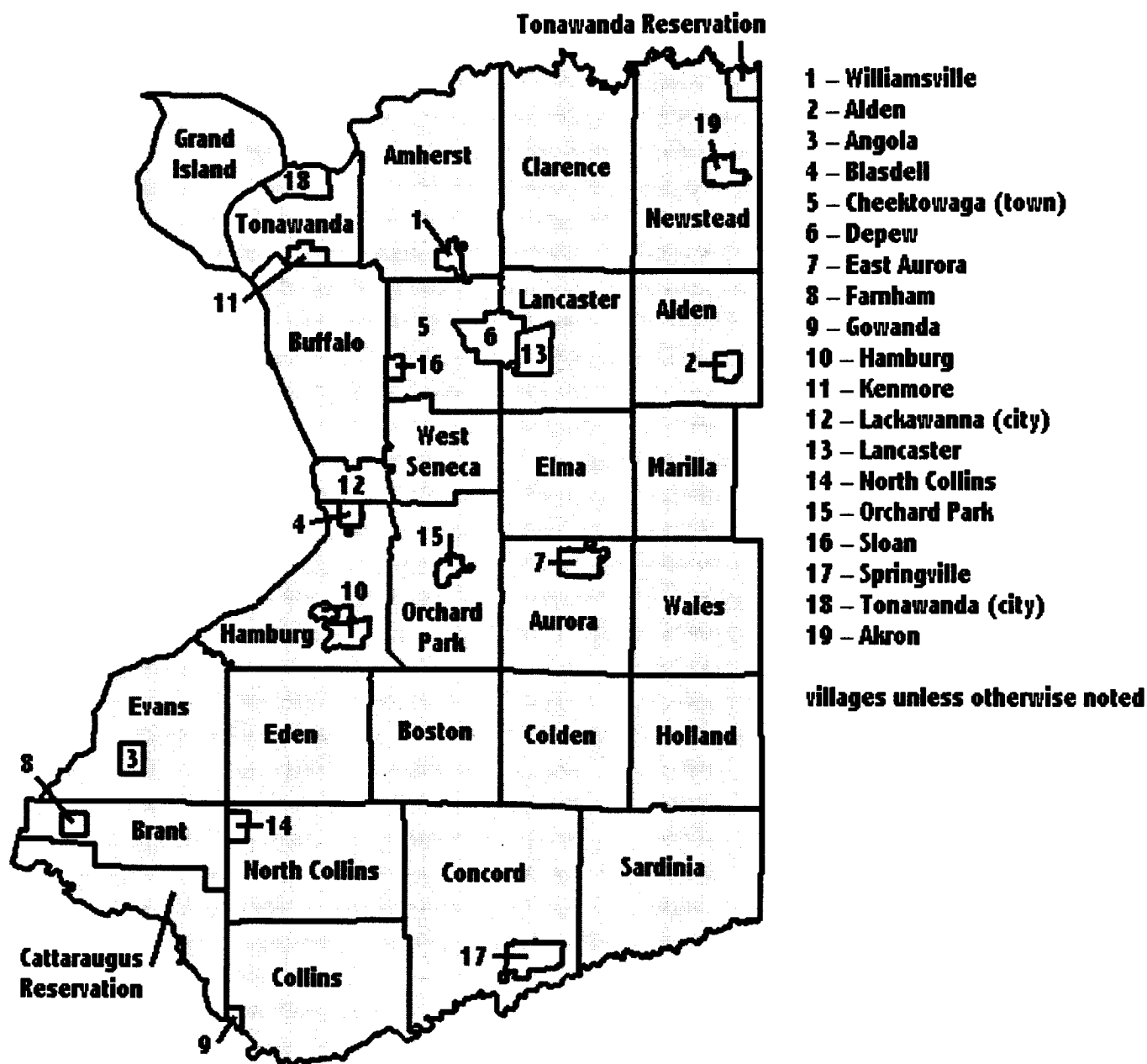
REFERENCE:      COMM. 1E-12 (2016)

ATTEST



KAREN M. MCCARTHY  
Clerk of the Legislature of Erie County





# EMS Agency Personnel Roster

Agency Name: Erie County Emergency Services Division of EMS  
Agency Code: 6257  
Date Submitted: \_\_\_\_\_  
Page 1 of 2

| List All Personnel Alphabetically |            |            | DOB                  | DOH Certified Personnel |                          | Level of Certification (check one)  |                          |                          |                                     | Card Other Levels                   |                          |
|-----------------------------------|------------|------------|----------------------|-------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Last name,                        | First name | MM/DD/YY   | DOH issued ID number | Expires                 | CFR                      | EMT                                 | AEMT                     | CC                       | P                                   | CPR/AED                             | First Aid                |
| Coloumbe                          | Timothy    | ██████████ | 451025               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Dusza                             | Timothy    | ██████████ | 451026               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Francis                           | Brent      | ██████████ | 451027               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Gill                              | Gregory    | ██████████ | 039766               | 10 / 31 / 19            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ginnane                           | Chris      | ██████████ | 269283               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hediger                           | Shaun      | ██████████ | 195448               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Keem                              | John       | ██████████ | 451028               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Luick                             | Warren     | ██████████ | 120991               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Noecker                           | Matthew    | ██████████ | 255791               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Okal                              | Michael    | ██████████ | 451029               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| O'Neil                            | Rich       | ██████████ | 451030               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Patronik                          | Scott      | ██████████ | 128504               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Peterson                          | Kenneth    | ██████████ | 251150               | 08 / 31 / 18            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Piel                              | Scott      | ██████████ | 252249               | 09 / 30 / 18            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pisa                              | Benjamin   | ██████████ | 346878               | 04 / 30 / 18            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Reger                             | James      | ██████████ | 103043               | 07 / 31 / 18            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Soluri                            | Chris      | ██████████ | 221287               | 10 / 31 / 17            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vogl                              | Ashley     | ██████████ | 322092               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Young                             | Shawn      | ██████████ | 451031               | 04 / 30 / 20            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



# EMS Agency Personnel Roster

Agency Name **Erie County Emergency Services Division of EMS** Agency Code **6257** Date Submitted **Page 2 of 2**

| List All Personnel Alphabetically |            | DOB          | DOB issued ID number | Expires      | CFR                      | EMT                                 | AEMT                     | CC                       | P                                   | CPR/AED                             | First Aid                |
|-----------------------------------|------------|--------------|----------------------|--------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Last name,                        | First name | MM/DD/YY     |                      |              |                          |                                     |                          |                          |                                     |                                     |                          |
| Zamorek                           | David      | 04 / 30 / 20 | 323034               | 04 / 30 / 20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                   |            | / /          |                      | / /          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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## Affirmation of Compliance

### Affirmation of compliance for New Vehicles or Agency Recertification

Please note that a Notary Public MUST complete section at bottom of page.

Check one ☐ Ambulance Service ☒ ALS First Response Service

Current Operating Certificate Expiration Date

1 / 25 / 2018

6257

Name of Service

Erie County Emergency Services Division of EMS

NYS EMS Agency Code

Address

3359 Broadway Street

NY

City

Cheektowaga

State

Zip

14227

Contact Person

Kenneth M. Peterson

E-mail

kenneth.peterson@erie.gov

Work Phone Number

716-270-3506

Additional Phone Number

716-681-6070

By completing and signing this affirmation, I certify that the vehicles listed are in compliance with all requirements of the State EMS Code, Part 800.

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor vehicle (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health law any deficiencies that result in violations being issued are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate.

Name

Kenneth M. Peterson

Title

ALS Systems Coordinator

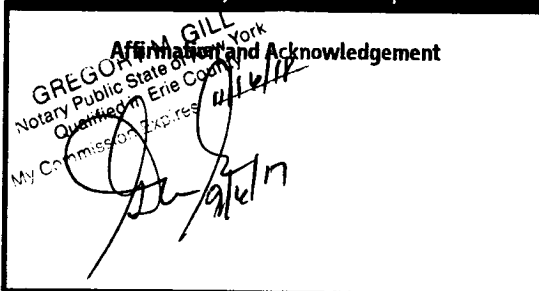
Signature



Date

9 / 6 / 2017

Note: Notary Public Must Complete



FOR OFFICIAL USE ONLY

# of stickers sent

to

Date

Rep

Note: if vehicle(s) is new to fleet, please indicate if you need new certification logos for the sides and rear of the vehicle.

## Vehicle Information

Provide the following information for all EMS vehicles to be certified by this affirmation. A computer listing containing the required information is acceptable.

[illegible]

\* **All** ambulance vehicles are required by New York State Motor Vehicle and Traffic Law to possess a valid motor vehicle registration. If the vehicle(s) listed are not registered with NYS DMV, you must provide the statutory exemption.

\*\* Such as: **AMBULANCES** – Type I, Type II, Type III, Helicopter Boat, Fixed Wing Aircraft

**EMERGENCY AMBULANCE SERVICE VEHICLE (EASV)** – agency fire car, van, truck; or personal car, van, truck  
**ALS FIRST RESPONSE VEHICLE (ALSFR)** – agency fire apparatus, car, van, truck; or personal car, van, truck

## Funding Document For EMS Agencies

Please complete the following information regarding the funding of your agency.

**NOTE: Response is mandatory. Failure to complete this form accurately may impact your agency's authority to collect fees for prehospital patient care.**

Name of EMS agency Erie County Emergency Services Division of EMS DOH agency code 6257

Does your EMS agency bill (collect fees for prehospital transport/patient care)?

☐ Yes ☒ No

If Yes, does your agency process its own billing and filings to Medicare/Medicaid/private insurance for prehospital transport/patient care fees?

☐ Yes ☒ No

If Yes, skip to Funding Sources section below.

If No, indicate the name of the "Service Bureau" or contractor that processes the billing for your EMS agency

EMS Agency NYS Medicaid provider ID number \_\_\_\_\_

Service Bureau NYS Medicaid ID number \_\_\_\_\_

Note: if your contractor also provides EMS, the Service Bureau is not the same ID used by that EMS agency for its own billing, or your ID this is a separate ID number issued to the contractor by Medicaid authorizing the contractor to process/submit billing for 3rd party EMS agencies.

**The New York State Department of Health will assume that failure to provide a valid ID number for a Medicaid Service Bureau indicates that your service's billing practices and/or contractor services are unlawful and will report them to the New York State Office of Health Insurance Programs.**

### Funding Sources

Identify ALL of the funding sources received by your EMS agency.

☒ Fire District(s) [NOT fire protection districts] \_\_\_\_\_  
(If more than one district, list additional on back of this page. List Fire Protection Districts below)

☒ Ambulance District [legal name of taxing district] \_\_\_\_\_  
(If more than one district, list additional on page 2)

☒ Municipal Contracts [other than fire districts] \_\_\_\_\_  
(List all municipalities your agency holds EMS contracts with including County, City, Town, Village, and Fire Protection Districts.  
List additional municipalities on page 2)

☒ Donations or fund-raisers \_\_\_\_\_

☒ Not-for-profit status  
☐ 501(c)(3) ☒ Other NFP \_\_\_\_\_

☒ Other funding sources not identified above Erie County Department of Health and Erie County Emergency Services  
(Include agreements/contracts with service fees to provide ALS to other certified services, i.e., ALS assists)

☒ Service's approximate total annual EMS operating budget \_\_\_\_\_

☒ Is your service an operator for another service that bills?

☐ Yes ☒ No

If Yes, service name \_\_\_\_\_ Agency code \_\_\_\_\_

Name of person completing this form Kenneth M. Peterson

Title of person completing form ALS Systems Coordinator  
(print)

Signature of person completing this form \_\_\_\_\_  
(print)

Date completed 8/21/17

Date 8/23/17

**Additional Funding Information**

Designate type of funding source as defined on page 1.

Erie County Emergency Services Division of EMS will be working in conjunction with Erie County Department of Health and Emergency Services for the purpose of securing funding as it relates to annual operating costs associated with an ALS-FR agency. This agency will be augmenting EMS resources throughout the County of Erie, New York.





# COUNTY OF ERIE

**MARK C. POLONCARZ**

COUNTY EXECUTIVE

March 9, 2016

Daniel Clayton, Deputy Director  
Operations and Emergency Preparedness  
Bureau of Emergency Medical Services  
Central Office  
875 Central Avenue  
Albany, New York 12206-1388

**Re: Erie County EMS Commitment**

Dear Mr. Clayton:

Please let this serve as formal notification that Erie County government stands ready to fully support the Advanced Life Support First Response (ALSFR) program that you recently awarded a Certificate of Need (CON) to

This program will add valuable the potentially life-saving capabilities to Erie County's Emergency Medical Services network, and I'm committed to ensure the program's success.

Sincerely yours,

A handwritten signature in black ink that reads "Mark Poloncarz". The signature is stylized with a large, looped "M" and a long, sweeping underline.

Mark C. Poloncarz, Esq.  
Erie County Executive

MCP/bs

cc: Gregory Gill, Deputy Commissioner Health-EMS



## COUNTY OF ERIE

MARK POLONCARZ

COUNTY EXECUTIVE

Daniel Neaverth Jr.  
Commissioner

**ERIE COUNTY EMERGENCY SERVICES DIVISION OF EMS**

3359 Broadway Street Cheektowaga, NY 14227

716 681-6070 – FAX 681-5256

[www.erie.gov/emergency](http://www.erie.gov/emergency)

Gregory Gill  
Deputy Commissioner  
Emergency Medical Services

Dear Chief Executive Officer;

The Erie County Emergency Services Division of EMS has been an Advanced Life Support First Response agency (ALS-FR) agency since January 2016. As we approach the time for a conversion from two year operating authority to a permanent authority, an important component of this application process is to define public need. The State EMS Council and the Department of Health defined public need as:

- **The demonstrated absence, reduced availability or and inadequate level of care in ambulance or emergency medical service available to a geographical area which is not readily correctable through the reallocation or improvement of existing resources.**

Within this two-year time frame Erie County Emergency Services Division of EMS has provided clinical care and medical support services to citizens of the County of Erie, New York in a reliable and efficient manner. We would like to **continue** as an ALS-FR, providing a **unique model of response** and clinical care within the community to include, but not limited to:

- Augment existing resources with an ALS-FR agency that has been able to exceed the minimum requirement of the New York State Department of Health Bureau of EMS with equipment and intervention capabilities (i.e. Ketamine, McGrath Video Laryngoscope, i-STAT).
- Development of Erie County Sheriff's Office Medical Response Unit (MRU) comprised of (19) Sheriff Deputies certified as Emergency Medical Technicians (EMT) to provide care in austere environments.
- Provide medical support services for Special Operations and Special Events without impact on the current 911 emergency medical response within the county.

In conclusion, Erie County Emergency Services Division of EMS would like to continue to provide quality clinical care to the citizens of the County of Erie, New York. This can be accomplished through your ongoing support for our agency to provide augmented resources to both Special Operations and Special Events occurring throughout our communities. If you have any questions, please do not hesitate to contact me. We would request the courtesy of a response via fax or e-mail ([kenneth.peterson@erie.gov](mailto:kenneth.peterson@erie.gov)) indicating your support of this application signed by your Chief Executive Officer by September 4, 2017.

Sincerely,

Kenneth M. Peterson

**ERIE COUNTY EMERGENCY SERVICES DIVISION OF EMS  
EMS OPERATING CERTIFICATE APPLICATION NOTICES**

| AGENCY  | CODE | LEVEL     | NOTIFIED | RESPONSE |
|---|------|-----------|----------|----------|
| Grand Island Fire Co., Inc.                             | 8457 | ALS FR    | X        |          |
| South Line Fire District No. 10.                        | 6210 | ALS FR    | X        |          |
| Tonawanda Emergency Medical Unit, Town of               | 8485 | ALS FR    | X        |          |
| Tonawanda Fire Dept., City of                           | 8460 | ALS FR    | X        |          |
| West Seneca Fire District 1 dba Winchester Fire Company | 1075 | ALS FR    | X        |          |
| Akron Fire Company, Inc.                                | 1426 | Ambulance | X        |          |
| Alden EMS Department                                    | 1437 | Ambulance | X        |          |
| Angola Volunteer Fire Company, Inc                      | 1487 | Ambulance | X        |          |
| Armor Volunteer Fire Co., Inc.                          | 1448 | Ambulance | X        |          |
| Big Tree Volunteer Firemen's Co., Inc.                  | 1439 | Ambulance | X        |          |
| Blasdell Volunteer Fire Dept., Village of               | 1440 | Ambulance | X        |          |
| Blossom Volunteer Fire Co.                              | 1488 | Ambulance | X        |          |
| Boston Emergency Squad, Inc.                            | 1451 | Ambulance | X        |          |
| Cattaraugus Indian Reservation Vol. Fire Dept.          | 1427 | Ambulance | X        |          |
| Clarence Center Volunteer Fire Co., Inc.                | 1443 | Ambulance | X        |          |
| Clarence Fire Dist #1                                   | 1444 | Ambulance | X        |          |
| Colden Fire District                                    | 0931 | Ambulance | X        |          |
| East Amherst Fire Dept., Inc.                           | 1472 | Ambulance | X        |          |
| East Concord Fire Department, Inc.                      | 0859 | Ambulance | X        |          |
| East Seneca Volunteer Fire Co.                          | 1491 | Ambulance | X        |          |
| Eden Emergency Squad, Inc.                              | 1447 | Ambulance | X        |          |
| Elma Volunteer Fire Co., Inc.                           | 1431 | Ambulance | X        |          |
| Evans Center Volunteer Fire Co.                         | 1438 | Ambulance | X        |          |
| Farnham Volunteer Fire Co., Inc.                        | 1441 | Ambulance | X        |          |
| Getzville Fire Co., Inc.                                | 1494 | Ambulance | X        |          |
| Gowanda Ambulance Service Corp.                         | 1452 | Ambulance | X        |          |
| Hamburg Volunteer Fire Dept., Inc.                      | 1453 | Ambulance | X        |          |
| Harris Hill Volunteer Fire Co., Inc.                    | 1454 | Ambulance | X        |          |
| Highland Hose Volunteer Fire Co., Inc.                  | 1455 | Ambulance | X        |          |
| Holland Fire Dist. #1                                   | 1433 | Ambulance | X        |          |
| Jamison Road Volunteer Fire Co., Inc.                   | 8408 | Ambulance | X        |          |
| Lake Erie Beach Volunteer Fire Co., Inc.                | 1495 | Ambulance | X        |          |
| Lake Shore Volunteer Fire Co., Inc.                     | 1459 | Ambulance | X        |          |
| Lake View Fire Dept.                                    | 1458 | Ambulance | X        |          |
| Lancaster Volunteer Ambulance Corps, Inc.               | 1484 | Ambulance | X        |          |
| LaSalle Ambulance d.b.a. Rural/Metro                    | 1429 | Ambulance | X        |          |
| Marilla Fire Company, Inc.                              | 1460 | Ambulance | X        |          |
| Memorial Volunteer Fire Co. of Chaffee Sardinia         | 1461 | Ambulance | X        |          |
| Mercy Flight, Inc.                                      | 1450 | Ambulance | X        |          |
| Newstead Volunteer Fire Co., Inc.                       | 1481 | Ambulance | X        |          |
| Newton Abbott Fire Co., Inc.                            | 1464 | Ambulance | X        |          |

**ERIE COUNTY EMERGENCY SERVICES DIVISION OF EMS  
EMS OPERATING CERTIFICATE APPLICATION NOTICES**

|   |      |           |   |  |
|---|------|-----------|---|--|
| North Amherst Fire Co., Inc.                          | 1465 | Ambulance | X |  |
| North Collins Emergency Squad, Inc.                   | 1466 | Ambulance | X |  |
| Orchard Park Fire District EMS, Inc.                  | 0899 | Ambulance | X |  |
| Reserve Hose Fire Co. #1                              | 8411 | Ambulance | X |  |
| Scranton Volunteer Fire Company, Inc.                 | 1469 | Ambulance | X |  |
| South Wales Volunteer Fire Co., Inc.                  | 1468 | Ambulance | X |  |
| Spring Brook Fire Dist.                               | 8461 | Ambulance | X |  |
| Springville Emergency Medical Services,<br>Village of | 6254 | Ambulance | X |  |
| Springville Volunteer Fire Co., Inc.                  | 1486 | Ambulance | X |  |
| Swormville Fire Co., Inc.                             | 1470 | Ambulance | X |  |
| Town's Ambulance Service, Inc. d.b.a<br>Rural/Metro   | 1479 | Ambulance | X |  |
| Twin City Ambulance                                   | 3115 | Ambulance | X |  |
| Wales Center Volunteer Fire Co., Inc.                 | 1498 | Ambulance | X |  |
| West Falls Volunteer Fire Co., Inc.                   | 1473 | Ambulance | X |  |
| West Seneca Fire District #2                          | 0683 | Ambulance | X |  |
| West Seneca Fire District #6                          | 8483 | Ambulance | X |  |
| Woodlawn Volunteer Fire Co.                           | 1432 | Ambulance | X |  |
| Bellevue Fire Co.                                     | 8499 | BLS FR    | X |  |
| Boston Volunteer Fire Co.                             | 8482 | BLS FR    | X |  |
| Bowmansville Volunteer Fire Assoc.                    | 0460 | BLS FR    | X |  |
| Buffalo Fire Department, City of                      | 0243 | BLS FR    | X |  |
| Cleveland Hill Hose Company                           | 8497 | BLS FR    | X |  |
| Collins Center Vol. Fire Company                      | 1490 | BLS FR    | X |  |
| Collins Volunteer Fire Company                        | 1191 | BLS FR    | X |  |
| Crittenden Fire Dept.                                 | 8478 | BLS FR    | X |  |
| Doyle Hose Co.  | 8496 | BLS FR    | X |  |
| East Aurora Fire Department                           | 1065 | BLS FR    | X |  |
| Eggertsville Fire District                            | 0857 | BLS FR    | X |  |
| Ellicott Creek Volunteer Fire Co.                     | 1449 | BLS FR    | X |  |
| Forks Hose Co.  | 8495 | BLS FR    | X |  |
| Hy-View Hose Company                                  | 8494 | BLS FR    | X |  |
| Kenmore Volunteer Fire Dept.                          | 8471 | BLS FR    | X |  |
| Lackawanna Fire Dept.                                 | 8493 | BLS FR    | X |  |
| Main Transit Fire Dept.                               | 1066 | BLS FR    | X |  |
| Millgrove Volunteer Fire Dept.                        | 1462 | BLS FR    | X |  |
| Morton Corners Fire Dept.                             | 8467 | BLS FR    | X |  |
| North Bailey Fire Co., Inc.                           | 1497 | BLS FR    | X |  |
| North Boston Fire Co.                                 | 8466 | BLS FR    | X |  |
| Orchard Park Fire District                            | 1033 | BLS FR    | X |  |
| Patchin Fire Co.                                      | 8464 | BLS FR    | X |  |
| Pine Hill Hose Co.                                    | 8492 | BLS FR    | X |  |
| Rescue Hose Co.                                       | 8491 | BLS FR    | X |  |
| Seneca Hose Fire Co. One                              | 8401 | BLS FR    | X |  |
| Sloan Active Hose Co. #1                              | 8490 | BLS FR    | X |  |
| Snyder Fire Dept.                                     | 1482 | BLS FR    | X |  |

**ERIE COUNTY EMERGENCY SERVICES DIVISION OF EMS  
EMS OPERATING CERTIFICATE APPLICATION NOTICES**

|                                      |      |        |   |  |
|--------------------------------------|------|--------|---|--|
| Town Line Volunteer Fire Dept., Inc. | 1067 | BLS FR | X |  |
| Twin District Fire Co.               | 8459 | BLS FR | X |  |
| U-Crest Fire Co.                     | 1080 | BLS FR | X |  |
| Williamsville Fire Dept.             | 0744 | BLS FR | X |  |



## ***CITY of TONAWANDA FIRE DEPARTMENT***

44 William Street  
Tonawanda, New York 14150-2222



Chief Charles B. Stuart  
E-mail [firechief@tonawandacityfd.com](mailto:firechief@tonawandacityfd.com)

Phone: (716) 692-8400  
Fax: (716) 695-6030

Tuesday, September 05, 2017

Kenneth Peterson  
Erie County Emergency Services ALS Coordinator  
3359 Broadway  
Cheektowaga, NY 14227

This letter is in support of the Erie County Emergency Services Division of EMS, application for permanent authority, to operate as an advanced life support first response agency in the county of Erie, state of New York.

Sincerely,

A handwritten signature of Charles B. Stuart in cursive script.

Charles B. Stuart  
Fire Chief

# VILLAGE OF EAST AURORA

VILLAGE HALL • 571 MAIN STREET  
EAST AURORA, NEW YORK 14052  
(716) 652-6000 FAX (716) 652-1290  
[www.east-aurora.ny.us](http://www.east-aurora.ny.us)



November 1, 2017

Kenneth M. Peterson  
ALS System Coordinator  
Erie County Emergency Services Division of EMS  
3359 Broadway Street  
Cheektowaga, New York 14227

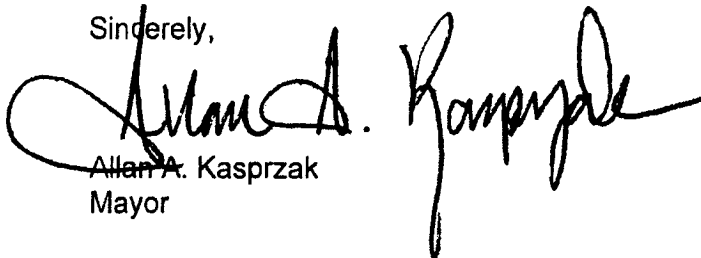
Dear Mr. Peterson:

This letter is in response to the request by the Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON") to operate in the existing areas that you have in the past and now provide coverage.

We understand the definition of "public need" which was provided to us in the letter of solicitation from Erie County Emergency Services Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the require for "public need".

Our organization would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing service to in the County of Erie, New York.

Sincerely,



Allan A. Kasprzak  
Mayor

**Mayor**

*Jesse Nikonowicz*  
716-681-4396

**Trustees**

*Karl Bukowiecki*  
*Don Jakubowski*  
*Audrey Hamernik*  
*Kevin Peterson*

**Village****Administrator**

*Maureen Jerackas*  
716-683-7451 x127  
716-683-1398 (fax)

**Village****Attorney**

*Kathleen McDonald*

## Village of Depew

October 27, 2017

Mr. Kenneth M. Peterson  
ALS Systems Coordinator  
Erie County Emergency Services Division of EMS  
3359 Broadway Street  
Cheektowaga, New York 14227


Dear Mr. Peterson:

This letter is in response to the request by Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON") to operate in the existing area's that you have in the past and now provide coverage.

We understand the definition of "public need" which was provided to us in the letter of solicitation from Erie County Emergency Services Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the requirement for "public need."

Our organization would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing services to in the County of Erie, New York.

Sincerely,

  
Jesse Nikonowicz  
Mayor, Village of Depew

RECEIVED

NOV 01 2017

EMERGENCY MEDICAL  
SERVICES





# TOWN OF ORCHARD PARK

S 4295 South Buffalo Street Orchard Park, New York 14127-2609

SUPERVISOR  
DR. PATRICK J. KEEM

COUNCILMEMBERS  
EUGENE MAJCHURZAK  
MICHAEL J. SHERRY

TOWN CLERK  
REMY C. ORFFEO

TOWN ATTORNEY  
JOHN C. BAILEY

TOWN JUSTICES  
EDWARD A. PACE  
LYNN W. KEANE

SUPT. OF HIGHWAYS  
FREDERICK J. PIASECKI, JR.

CHIEF OF POLICE  
MARK F. PACHOLEC

BUILDING INSPECTOR  
ANDREW GEIST

TOWN ASSESSOR  
MILTON BRADSHAW  
SCAA

TOWN ENGINEER  
WAYNE L. BIELER, P.E.

RECREATION DIRECTOR  
EDWARD J. LEAK, CPRP

PLANNING COORDINATOR  
JOHN P. BERNARD

ANIMAL CONTROL OFFICER  
KEVIN MASTERSON

SENIOR CENTER DIRECTOR  
DEBRA SANTIAGO

October 30, 2017

Mr. Kenneth M. Peterson  
ALS Systems Coordinator  
Erie County Emergency Services Division of EMS  
3359 Broadway Street  
Cheektowaga, New York 14227

**Re: Certificate of Need**

Dear Mr. Peterson:

This letter is in response to the request by the Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON") to operate in the existing area's that have in the past and now provide coverage.

We understand the definition of "public need" which was provided to us in the letter of solicitation from Erie County Emergency Services Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the requirements for "public need".

The Town of Orchard Park would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in areas that they have been providing service to in the County of Erie, New York.

Very truly yours,

Dr. Patrick J. Keem, Supervisor  
Town of Orchard Park

cc: Richard Mrugalski  
File

NOV 01 2017

# Village Of Attica

Est. 1837

9 Water Street

Attica, NY 14011

Mayor William P Lepsch

**Trustees:** Sandra Prusak, Nathan Montford, Roger Durfee, Hans Walker Jr.

**Officers:** Douglas A. Post Administrator/Clerk/Treasurer, Julie A. Cook Deputy Clerk

(585) 591-0898 fax 591-3359 [www.attica.org](http://www.attica.org) [e-mail-villageofattica@attica.org](mailto:e-mail-villageofattica@attica.org)

TDD - 1-800-662-1220

October 26, 2017

Kenneth M Peterson  
ALS Systems Coordinator  
Erie County Emergency Services Division of EMS  
3359 Broadway Road  
Cheektowaga, NY 14227

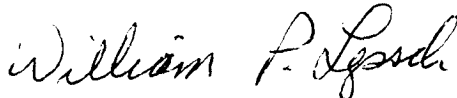
Dear Mr. Peterson:

This letter is in response to the request by the Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON") to operate in the existing area's that you have in the past and now provide coverage.

We further understand the definition of "pubic need" which was provided to us in the letter of solicitation from Erie County Emergency Services Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the requirement for "public need".

Our Village would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing service to in the County of Erie, New York.

Very truly yours,



William P Lepsch  
Mayor, Village of Attica

NOV 9 1 2017

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



# VILLAGE OF GOWANDA

*"Gateway to the Southern Tier"*

27 E Main Street ♦ Gowanda NY 14070

(716)532-3353 ♦ Fax (716)532-2938

*"The Village of Gowanda is an Equal Opportunity Provider and Employer."*

October 17, 2017

Kenneth M Peterson  
ALS Systems Coordinator  
Erie County Emergency Services Division of EMS

Dear Mr. Peterson,

This letter is in response to the request by the Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON").

We understand the definition of "public need" which was provided to us in the letter of solicitation from Erie County Emergency Services Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the requirement for "public need".

Our organization would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing service to in the County of Erie, NEW York.

Sincerely,

  
David Smith  
Mayor



Kenmore, New York 14223-1269 • 1835 Sheridan Drive • (716) 876-5300 • Fax (716) 879-6644

Emergency Medical Unit  
New York State Department of Health  
Certified ALS First Response Unit



JEROME C. USHOLD, III  
Chief of Police

MICHAEL J. BAUMGARTNER  
Paramedic Supervisor

CHRISTIAN M. KRAWCZYK, D.O.  
EMS Medical Director

October 31, 2017

Kenneth M. Peterson  
ALS Systems Coordinator  
Erie County Emergency Medical Services Division of EMS

Dear Mr. Peterson-

This letter is in response to the request by the Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a certificate of need ("CON") to operate in the existing area's that you have in the past and now provide coverage.

We understand the definition of "public need" which was provided to us in the letter of solicitation from Erie County Emergency Service's Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the requirement for "public need".

Our organization would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing service to in the County of Erie, New York.

Yours truly,

A handwritten signature in black ink, appearing to read 'Michael Baumgartner'.

Michael Baumgartner  
Paramedic Supervisor



Mortons Corners Fire Department  
13363 Mortons Corners Road  
PO Box 370  
Springville, NY 14141  
(716) 592-4665

DATE: October 30, 2017

Kenneth M. Peterson  
ALS Systems Coordinator  
Erie County Emergency Services Division of EMS

Dear Mr. Peterson:

This letter is in response to the request by the Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON") to operate in the existing area's that you have in the past and now provide coverage.

We understand the definition of "public need" which was provided to us in the letter of solicitation from Erie County Emergency Services Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the requirement for "public need".

Our organization would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing service to in the County of Erie, New York.

Very truly yours,

*Wendy Scully - EMS Coordinator*

Agency Representative Signature

ALL VILLAGE  
OFFICES  
(716) 937-9216  
FAX (716) 937-8936

# VILLAGE OF ALDEN

INCORPORATED MAY 7, 1869

PUBLIC WORKS  
(716) 937-7392



13336 BROADWAY  
ALDEN, ERIE CO., NEW YORK 14004-1375  
WWW.ERIE.GOV

October 27, 2017

Kenneth M. Peterson  
ALS Systems Coordinator  
Erie County Emergency Services Division of EMS

Dear MR. Peterson:

This letter is in response to the request by the Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON") to operate in the existing area's that you have in the past now provide coverage.

We understand the definition of "public need", which was provided to us in the letter of solicitation from Erie County Services Division of EMS. We believe that the circumstances you area trying to correct, as well as providing this unique service for the last 18 months satisfy the requirement for "public need".

The Village of Alden would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing service to in the County of Erie, New York.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Manicki".

Mayor Michael Manicki

Village of Alden

*Alden "Alive and Growing"*

# LACKAWANNA FIRE DEPARTMENT

1630 ABBOTT ROAD LACKAWANNA, NY 14218 - 2937

Telephone (716) 827-6437 Fax (716) 821-0167

Email: firechief@lackny.com

September 7, 2017

To Whom It May Concern:

This is a letter in support of the Erie County Emergency Services Division of EMS to become a permanent authority as an Advanced Life Support First Response agency. Their ability to provide unique clinical care and medical support services to assist other agencies and the citizens of Erie County is in my understanding a "public need".

I wholeheartedly endorse their efforts to become a permanent authority as an Advanced Life Support First Response agency.

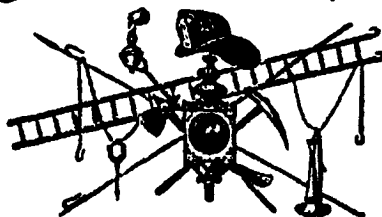
Sincerely,



Ralph Galanti  
Fire Chief  
Lackawanna Fire Department

# Springville Fire Department

REGULAR MEETINGS  
FIRST MONDAY  
OF MONTH



ORGANIZED FEBRUARY 1, 1882

**FIREHALLS**  
65 FRANKLIN ST.  
405 W. MAIN ST.  
**MAILING ADDRESS:**  
P. O. BOX 12  
SPRINGVILLE, N.Y. 14141-0012

Erie County Emergency Services Division of EMS  
3359 Broadway Street  
Cheektowaga, NY 14227

SUBJECT: Letter of Support

Dear Sir(s):

Be it known that the Springville Volunteer Fire Department is in full support of the Erie County Emergency Services Division of EMS for its permanent operating authority.

Please contact me if I can be of further assistance at (716) 807-2119

Sincerely,

A handwritten signature in black ink, appearing to read 'David P. Klenk'.

David P. Klenk, Chief  
Springville Volunteer Fire Department

cc: File



**Eggertsville Fire District**  
**CHIEF OF DEPARTMENT**  
1880 EGGERT ROAD  
EGGERTSVILLE, NY 14226-2233



September 8, 2017

Dear Mr. Kenneth Peterson,

The Eggertsville Hose Company received your letter asking for endorsement of Erie County Emergency Services Division of EMS Advanced Life Support First Response (ALS-FR) agency. As Chief of Department, I feel that your response is, and has been an asset to protecting the residents and community of the Eggertsville Fire District. Please take this letter as our support of your agency.

Thank you,

Brian K. Multerer  
Chief of Department  
Eggertsville Fire District  
Eggertsville Hose Company  
716-818-0023  
[Chief@eggertsvillehose.com](mailto:Chief@eggertsvillehose.com)

**Peterson, Kenneth**

---

**From:** Mike Schreiber Jr. <Gocart879@msn.com>  
**Sent:** Saturday, September 09, 2017 8:31 AM  
**To:** Peterson, Kenneth  
**Subject:** Fw: Support for Erie County EMS Division

Hello Kenneth,

This writing is to indicate that the Harris Hill Fire Company at 8630 Main St. In Clarence, NY would support the continued operation of Erie County EMS ALS-FR status. It is an important role to continue this in Erie County.

Thank you.

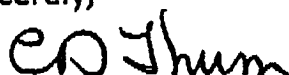
Michael J. Schreiber Jr.  
Fire Chief  
Harris Hill Vol. Fire Co.  
C-716-880-7163

Kenneth Peterson  
Erie County Emergency Services Division of EMS

9/28/2017

The Holland Fire District #1 Board of Commissioners, at their 9/27/2017 monthly meeting, voted in favor of supporting your ALS-FR unique model of response.

Sincerely,



Charles D. Thum  
Commissioner Chair  
Holland Fire District #1  
49 N. Main St.  
PO Box 610  
Holland, NY 14080

# ORCHARD PARK FIRE DISTRICT

P. O. Box 1290

Orchard Park, New York 14127

**CHAIRMAN**

KENNETH MACHEMER

**COMMISSIONERS**

Robert Eiskant  
Paul Bodden  
Frank Wierzbowski  
Gregory Gill

**SECRETARY**

Roberta Buczkowski

**TREASURER**

Christine Petrie

**ASSISTANT  
TREASURER**

Penny Jo Jensen

**ATTORNEY**

Michael Chelus

**DISTRICT CHIEF**

Guy Carey

**TRAINING  
OFFICER**

Michael P. Carey

**EMS COORDINATOR**

Tony Balester

**DISTRICT  
COMPANIES**

Orchard Park  
Hillcrest  
Windom

October 18, 2017

Kenneth M. Peterson, ALS Systems Coordinator  
Erie County Emergency Services Division of EMS  
3359 Broadway  
Cheektowaga, NY 14225

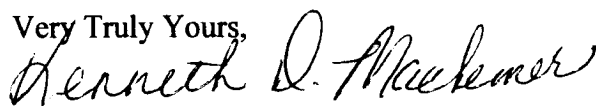
Dear Mr. Peterson:

This letter is in response to the request by the Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON") to operate in the existing area's that you have in the past and now provide coverage.

We understand the definition of "public need" which was provided to us in the letter of solicitation from Erie County Emergency Services Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the requirement for "public need".

Our organization would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing service to in the County of Erie, New York.

Very Truly Yours,



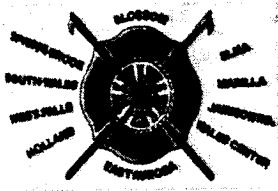
Kenneth D. Machemer, Chairman  
Board of Fire Commissioners  
Orchard Park Fire District

KDM/rfb  
cc: File

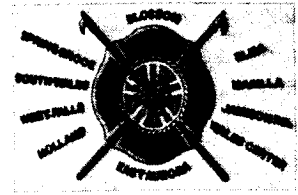
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OCT 20 2017

EMERGENCY MEDICAL  
SERVICES



## East Aurora Fire Control Chief's Association



Saturday, October 21, 2017

Kenneth M. Peterson  
ALS Systems Coordinator  
Erie County Emergency Services Division of EMS  
3359 Broadway St.  
Cheektowaga, NY 14227  
Phone: +1(716)681-6070  
Fax: +1(716)681-5256

Dear Mr. Peterson:

This letter is in response to the request by the Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON") to operate in the existing area's that you have in the past and now provide coverage.

We understand the definition of "public need" which was provided to us in the letter of solicitation from Erie County Emergency Services Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the requirement for "public need".

Our organization would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing service to in the County of Erie, New York.

Respectfully Submitted,

Daniel J. Corby  
Recording Secretary

**TIMOTHY B. HOWARD**  
SHERIFF

**MARK N. WIPPERMAN**  
UNDERSHERIFF



**SHERIFF OF ERIE COUNTY**

**ADMINISTRATIVE OFFICES**

10 DELAWARE AVENUE  
BUFFALO, NEW YORK 14202-3913  
(716) 858-7618  
FAX: (716) 858-7680

**POLICE SERVICES**

45 ELM STREET  
BUFFALO, NEW YORK 14203  
(716) 858-7618  
FAX: (716) 858-3277  
WEBSITE: <http://www.erie.gov/sheriff>

October 23, 2017

Mr. Kenneth Peterson, ALS Coordinator  
EC Emergency Services  
3359 Broadway  
Cheektowaga, New York 14227

Dear Mr. Peterson:

I am writing to express the Erie County Sheriff's Office's support for the issuance of a Certificate of Need (CON) by the New York State Health Department for the Erie County Emergency Services Division of EMS.

Erie County Emergency Services Division of EMS has been serving the community as an ALS-FR for over a year and I feel it is critical to continue this unique model of clinical care within our community. Through the partnership with Erie County Emergency Services Division of EMS and the Erie County Sheriff's Office, a law enforcement Medical Response Unit (MRU) was developed.

The MRU is comprised of sworn law enforcement officers trained to the EMT-B Level (minimum), who are able to provide lifesaving care in a direct threat environment. The MRU is trained to be utilized in high-risk situations, such as an active shooter incident, to provide the initial "Stop the Bleed" care in a hostile environment then transition to a blended law enforcement / EMS Rescue Task Force approach on the direct threat has been addressed.

The continued support of the MRU, as well as other critical ALS-FR resources such as, i-STAT, Video Laryngoscope, and Ketamine being available for deployment to assist first responders is critical to provide enhanced EMS care in our community.

I thank you for your consideration and strongly support the issuance of the Certificate of Need (CON) for Erie County to continue this and other, lifesaving programs.

Sincerely,

**TIMOTHY B. HOWARD**  
SHERIFF OF ERIE COUNTY

Town Of  
**COLLINS**  
ERIE COUNTY      NEW YORK



DAVID F. TESSMER, SUPERVISOR  
BECKY JO SUMMERS, TOWN CLERK

BOARD MEMBERS:  
MARY STELLEY  
KENNETH MARTIN  
JANET VOGTLI  
MARY CLARK, DEPUTY SUPERVISOR

October 26, 2017

Mr. Kenneth M. Peterson  
ALS Systems Coordinator  
Erie County Emergency Services  
3359 Broadway Street  
Cheektowaga, New York 14227

**LETTER OF SUPPORT**

Dear Mr. Peterson,

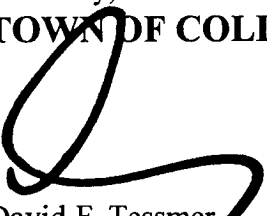
This is in response to the request by the Erie County Emergency Services Division of EMS for a letter supporting your efforts to obtain a Certificate of Need to operate in the same area as in the past, and to provide future coverage.

We believe the deficiencies you hope to correct, in addition to the services you provided during the past 18 months, satisfies the requirement of public need.

The Town of Collins supports the application by the Erie County Emergency Services Division of EMS to continue service in Erie County.

Sincerely,

**TOWN OF COLLINS**

  
David F. Tessmer  
*Supervisor*

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OCT 30 2017

**EMERGENCY MEDICAL  
SERVICES**

14093 MILL STREET    PO BOX 420    COLLINS, NEW YORK 14034    716 532 4874    FAX 532 3968

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**Mayor**

William J. Krebs

**Trustees**

Alan L. Chamberlin

Robert Moriarty

Terry W. Skelton

Nils A. Wikman

# VILLAGE OF SPRINGVILLE

Incorporated April 11, 1834

5 W. Main St. P.O. Box 17, Springville NY 14141  
(716) 592-4936 / Fax (716) 592-7088 / TDD (800) 662-1220

**Administrator-  
Clerk Treasurer**

Liz C. Melock

**CEO**

Mike Kaleta

**Attorney**

Paul Weiss

October 27, 2017

Kenneth M. Peterson

ALS Systems Coordinator

Erie County Emergency Services Division of EMS

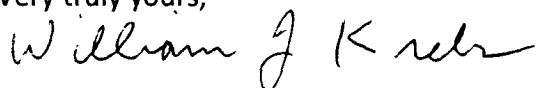
Dear Mr. Peterson:

This letter is in response to the request by the Erie County Emergency Services Division of EMS for a letter of support in response to your efforts to obtain a Certificate of Need ("CON") to operate in existing area's that you have in the past and now provide coverage.

We understand the definition of "public need" which provided to us in a letter of solicitation from Erie County Emergency Services Division of EMS. We believe that the circumstances you are trying to correct, as well as providing this unique service for the last 18 months satisfy the requirement for "public need".

Our organization would like to go on record that we support the application of the Erie County Emergency Services Division of EMS to continue to serve in the areas that they have been providing service to in the County of Erie, New York.

Very truly yours,



William J. Krebs

Mayor

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OCT 30 2017

EMERGENCY MEDICAL  
SERVICES

**Historic Springville Home of Glenn "Pop" Warner, Architect of Modern Day Football**

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Or call (800) 795-3272 (Voice) or (202) 720-6382 (TDD)



**Erie County Emergency Services Division of EMS**  
**CALL VOLUME April 2016 - December 2016**

| <b>Complaint#</b> | <b>Nature</b>       | <b>Units</b>                              | <b>Jurisdiction</b> |
|-------------------|---------------------|---|---------------------|
| 16014980          | 26 Sick Person      | MC10                                      | CHE                 |
| 16015339          | 91 Fire Stand By    | MC10                                      | CHE                 |
| 16016434          | 94 Other            | MC10, SMART 3, SMART 4                    | CLA                 |
| 16017175          | 32 Unknown Problem  | MC10, MD310                               | BUF                 |
| 16017627          | 94 Other            | MC8, MC10                                 | BUF                 |
| 16019395          | 91 Fire Stand By    | MD310, SMART 3                            | BUF                 |
| 16020295          | 90 A.P. Alert 2     | MC8, MC10, MD309, MD305                   | CHE                 |
| 16020938          | 90 A.P. Alert 2     | MC8, MC10, MD309                          | CHE                 |
| 16021575          | 94 Other            | MC10, MD307                               | BUF                 |
| 16022178          | 94 Other            | MC10, MD307, MD309                        | BUF                 |
| 16022678          | 23 Overdose         | MC8                                       | BUF                 |
| 16022805          | 94 Other            | MD307                                     | BUF                 |
| 16026706          | 90 A.P. Alert 2     | MC8, MC10                                 | CHE                 |
| 16027380          | 90 A.P. Alert 2     | MC8, MC10, MD309                          | CHE                 |
| 16028014          | 90 A.P. Alert 2     | MC8, MD309                                | CHE                 |
| 16030014          | 25 Psychiatric      | MC10, MD308, MD307, MD305, SMART 3        | BUF                 |
| 16031900          | 90 A.P. Alert 2     | MC8                                       | CHE                 |
| 16032446          | 94 Other            | MC10                                      | TAL                 |
| 16033081          | 94 Other            | MC8                                       | TOP                 |
| 16033554          | 94 Other            | MC10                                      | CHE                 |
| 16033564          | 90 A.P. Alert 2     | MC10, MC8, MD308, MD309                   | CHE                 |
| 16033696          | 94 Other            | MC10                                      | CHE                 |
| 16033812          | 94 Other            | MC8                                       | CHE                 |
| 16034260          | 91 Fire Stand By    | MC8, MD308, MC10, MD309                   | MAR                 |
| 16034544          | 94 Other            | MC10, MD308, MD307, MD305, MD304          | TAL                 |
| 16037421          | 90 A.P. Alert 3     | MC8                                       | HAM                 |
| 16037428          | 94 Other            | MC8, SMART 3, MD306, MD308, MC10          | BUF                 |
| 16037663          | 94 Other            | MD308, MD307                              | BUF                 |
| 16037875          | 94 Other            | MD307                                     | BUF                 |
| 16037937          | 94 Other            | MC8, MC10, MD307                          | TOP                 |
| 16038064          | 94 Other            | MD307, SMART 3                            | BUF                 |
| 16038081          | 94 Other            | MC8, MD308                                | THM                 |
| 16039216          | 94 Other            | MC10                                      | TOP                 |
| 16041482          | 90 A.P. Alert 1     | MC10, MD309                               | CHE                 |
| 16043778          | 94 Other            | MC8, MC10                                 | CHE                 |
| 16044157          | 90 A. P. Alert 3    | MC8, SMART 1, MC10                        | CHE                 |
| 16044982          | 29 Traffic Accident | MC10, MD309                               | BUF                 |
| 16045243          | 90 A. P. Alert 1    | MC8, MC10, MD308                          | CHE                 |
| 16045481          | 94 Other            | MC8, MC10                                 | TOP                 |
| 16046170          | 29 Traffic Accident | MC8, MC10, MD305, MD309, SMART 3, SMART 4 | AMH                 |
| 16046391          | 90 A. P. Alert 2    | MC10, MD308                               | CHE                 |
| 16046846          | 31 Unconsciousness  | MC10                                      | CHE                 |
| 16047629          | 94 Other            | MC10                                      | CHE                 |
| 16048215          | 92 Level 1 HazMat   | MC10                                      | CHE                 |
| 16048582          | 90 A. P. Alert 2    | MC10                                      | CHE                 |
| 16048838          | 94 Other            | MC8, MC10, MD307                          | TOP                 |

**CALL VOLUME April 2016 - December 2016**[illegible]

**Erie County Emergency Services Division of EMS**  
**CALL VOLUME January 2017 - date**

| Complaint # | Nature              | Units                              | Jurisdiction |
|-------------|---------------------|------------------------------------|--------------|
| 17001912    | 94 Other            | MD304                              | BUF          |
| 17002576    | 29 Traffic Accident | MC8, MC10, MD309                   | BUF          |
| 17002900    | 94 Other            | MD307                              | BUF          |
| 17003089    | 90 A.P. Alert       | MC8                                | CHE          |
| 17004086    | 94 Other            | MC10                               | BUF          |
| 17004086    | 94 Other            | MC10                               | BUF          |
| 17005556    | 90 A.P. Alert       | MC10, MD308                        | CHE          |
| 17007452    | 94 Other            | MC8                                | CHE          |
| 17008624    | 31 Uncon/Faint      | MC8                                | TOP          |
| 17009483    | 94 Other            | SMART 1                            | BUF          |
| 17009752    | 90 A.P. Alert       | MC8, MC10, MD309                   | CHE          |
| 17009890    | 26 Sick Person      | MC8, MD308                         | BUF          |
| 17010225    | 94 Other            | MC8, MC10, SMART3                  | TLN          |
| 17010622    | 91 Fire Stand By    | MC10, MD308, MD307, SMART3         | BUF          |
| 17011806    | 92 Level 1 HazMat   | MC10                               | GIS          |
| 17011997    | 94 Other            | MD304                              | BUF          |
| 17012219    | 91 Fire Stand By    | MC10, MD308                        | CHE          |
| 17012732    | 94 Other            | MD304                              | BUF          |
| 17012825    | 90 A.P. Alert       | MC10, MD5, MD2                     | CHE          |
| 17013008    | 12 Convul/Seizure   | MC41                               | TOP          |
| 17013609    | 32 Unknown          | MC41                               | BUF          |
| 17013642    | 31 Uncon/Faint      | MC41, MD2                          | BUF          |
| 17013867    | 94 Other            | SMART 3                            | BUF          |
| 17014073    | 90 A.P. Alert       | MC8, MD8                           | CHE          |
| 17014513    | 90 A.P. Alert       | MC8, MC10, MD6, MD8                | CHE          |
| 17015922    | 94 Other            | MD4                                | BUF          |
| 17017849    | 90 A.P. Alert       | MC8, MD8, SMART 3                  | CHE          |
| 17018279    | 29 Traffic Accident | MC8, MC10, MD5, MD8                | BUF          |
| 17018399    | 29 Traffic Accident | MC10, MD8                          | BUF          |
| 17019236    | 30 Traumatic Injury | SMART 3                            | BUF          |
| 17019640    | 29 Traffic Accident | MC8, MD307, SMART1, MC10, MD1, MD5 | TOP          |
| 17021302    | 94 Other            | MC10                               | TAL          |
| 17021454    | 94 Other            | MC10, MD1, MD2, MD4                | WSE          |
| 17022030    | 94 Other            | MC41                               | BUF          |
| 17023445    | 94 Other            | MD1, MD5                           | CHE          |
| 17024906    | 94 Other            | MC8, MC10, MC41, MD9               | BUF          |
| 17024940    | 26 Sick Person      | MC8                                | BUF          |
| 17024954    | 32 Unknown          | MC8, MC41, MD9                     | BUF          |
| 17024962    | 26 Sick Person      | MC41                               | BUF          |
| 17025112    | 94 Other            | MD4                                | BUF          |
| 17025230    | 94 Other            | MC10                               | BUF          |
| 17025231    | 94 Other            | SMART 1                            | BUF          |
| 17025249    | 29 Traffic Accident | MC8                                | DEP          |
| 17025389    | 94 Other            | MD4, MD6                           | BUF          |
| 17025615    | 90 A.P. Alert       | MC8, MD5                           | CHE          |
| 17026148    | 94 Other            | MC8                                | TAL          |

**Erie County Emergency Services Division of EMS**  
**CALL VOLUME January 2017 - date**

|          |                          |                |     |
|----------|--------------------------|----------------|-----|
| 17026890 | 94 Other                 | MC41           | CHE |
| 17028344 | 91 Fire Stand By         | MC8, MD5       | BUF |
| 17028647 | 94 Other                 | MC8, MC10      | CHE |
| 17031287 | 94 Other                 | MC8, SMART 1   | CHE |
| 17032093 | 94 Other                 | MC8            | CHE |
| 17032099 | 92 Spill Response HazMat | MC8            | DEP |
| 17034156 | 29 Traffic Accident      | MC8, MD10      | AMH |
| 17035756 | 90 A.P. Alert            | MC8, MD9       | CHE |
| 17035914 | 94 Other                 | MC8, MC10      | TOP |
| 17035957 | 32 Unknown               | MC8, MD2       | CHE |
| 17036232 | 90 A.P. Alert            | MC8, MD2       | CHE |
| 17036271 | 94 Other                 | MC10           | THM |
| 17036402 | 94 Other                 | MC8, MC10      | THM |
| 17036468 | 92 Level 1 HazMat        | MC8            | BUF |
| 17036648 | 94 Other                 | MC8            | TOP |
| 17036821 | 94 Other                 | MC8            | TOP |
| 17036936 | 94 Other                 | MC8, MC10, MD4 | TOP |
| 17037629 | 94 Other                 | MC10           | CHE |
| 17038205 | 94 Other                 | MD10           | BUF |
| 17038371 | 94 Other                 | MD4            | BUF |